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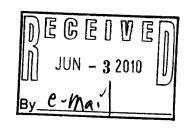
lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073: FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form



COMMITTEE NAME (Must be same as on Statement of Organical Committee NAME)	anization)		
Garrett for Statehouse Committee	,	I	FORM
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Cand Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	al C (DR-2 Rev. 12/2009) DISCLOSURE REPORT OF Office Use Only Omm. #	
CANDIDATE COMMITTEES ONLY: Candidate Name Julian B. Garrett Office Sought Iowa House of Representatives	Political Party (if applicable) Republican District (if Senate or House) 73	S C	ogged In
ate reports are subject to possible civil and criminal penalties. Pucandidate's committee, and the chairperson, for any other type of committee and the chairperson, for any other type of committee.	resuant to lowa Code sections 68B.32.committee, is the individual responsib	A(7) and 68 le for filing t	A.401(3), the candidate, for a imely and accurate reports. DATE SIGNED
AM FILING A June 4, 2010	REPORT FOR (1) ELECTION	N //2\NON	ELECTION VEAD
(report date)	Indicate by		ELECTION TEAR.
☐CHECK IF AMENDMENT TO REPORT DATED	î.		mittees, enter Date of Election
Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed	of Dissolution Form DR-3. I.)		ocal Committees, enter County in tion is held
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is fit.)	cash on hand at the end	\$	5,254.45
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Sched	ule A) (*also see in-kind below)		1,350.00
Schedule F: Loans Received total (Attach Schedule	F)		0.00
Schedule H: Total Sales of Campaign Property (Atta	•	***********	0.00
(Schedule H applies to Candidates' Comr			C COA 45
	SUB-TOTAL	\$	6,604.45
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			£ 110 71
Schedule B: Expenditures total (Attach Schedule B)	·		5,118.71
Schedule F: Loan Repayments total (Attach Schedu			1,485,74
CASH ON HAND at the end of this reporting period (if final rep	ort balance must be zero)	\$	1,483.74
*UNPAID BILLS (From Schedule D - Attach Schedule D)			783.45
IN KIND CONTRIBUTIONS (From Schedule E - Attach Sched			0.00
*OUTSTANDING LOANS (From Schedule F - Attach Schedu	le F)	\$	9,000.00
CONSULTANT BREAKDOWN (Schedule G Attached?)		No. decreases	YES V NO
CANDIDATE COMMITTEES ONLY:	ah Cahadala I N	_	
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta	cn ocnedule H)	\$	·

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

MONETARY (Rev. 07/03) **RECEIPTS** (Including candidate's personal funds) CHECK THIS BOX IF COMMITTEE NAME (Must be same as on Statement of Organization) AMENDING FORM Garrett for Statehouse Committee

SCHEDULE

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Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
5/16/2010	ID#	Rick Halvorsen 1210 N 9th St #19 Indianola, IA 50125		\$250.00	
5/21/2010	ID# CK#	Gerald D. Judkins 18606 Tyler St Lacona, IA 50139		100.00	
5/26/2010	iD# 6070 CK#	Iowa Lawpac 625 East Court Ave Des Moines, IA 50309		1,000.00	
	ID# CK#				
	ID# CK#				
	10# CK#				
	ID#				
	ID#				
	CK#				
	CK#				
	CK#		SUB-TOTAL		

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

s 1.350.00

TOTAL (if last page of this schedule)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must	be	same as on	Statement	of	Organization	ì
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Garrett for Statehouse Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/17/2010	ID# CK#	Postcard Mania 2145 Sunnydale Blvd., Bldg I Clearwater, FL 33765	Mailing Set-up	\$ 589.00
5/19	ID# CK#	Record Herald 112 N Howard Indianola, IA 50125	Advertising	85.60
5/21	ID# CK#	Postcard Mania 2145 Sunnydale Blvd., Bldg 1 Clearwater, FL 33765	Mailing	923.14
5/21	ID# CK#	Copy Plus 116 W Ashland Indianola, IA 50125	Flyers	294.15
5/14	ID# CK#	Tri-Corner Express Box 202 New Virginia, IA 50210	Ads	154.00
5/26	ID# CK#	Postcard Mania 2145 Sunnydale Blvd., Bldg I Clearwater, FL 33765	Mailing	723.00
5/27	ID# CK#	WarrenTown & CountryNews 1325 Sunset Dr Norwalk, IA 50211	Advertising	204.00
/27	ID# CK#	Record Herald 112 N Howard Indianola, IA 50125	Advertising	214.00
			SUB-TOTAL	\$ 3,186.89

TOTAL (if last page of this schedule)

\$ 3,186.89

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

	SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
-		CK THIS BOX IF

Garrett for	Statehouse Comm	nittee		
DATE EXPENDED (MM/DD/YR)	CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/27/2010	ID# CK#	Postcard Mania 2145 Sunnydale Blvd., Bldg 1 Clearwater, FL 33765	Mailing	\$ 965.91
6/2	ID# CK#	Postcard Mania 2145 Sunnydale Blvd., Bldg 1 Clearwater, FL 33765	Mailing	965.91
	ID#			
	CK#			
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	ID#			
	CK#			
	ID#			
	CK#			
	<u> </u>		SUB-TOTAL	\$ 1,931.82
			TOTAL (if last page of this schedule)	

THIS	BOX APPLIES	TO CANDIDATES'	COMMITTEES ONLY

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page ~	of ²	

FOR INSTRUCTIONS, SEE BACK OF FORM	FOR	INSTRUC	TIONS.	SEE	BACK	OF	FORM
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COMMITTEE NAME (Must be same as on Statement of Organization)	1
Garrett for Statehouse Committe	
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NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE	
D	INCURRED
(Rev. 08/98)	INDEBTEDNESS
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DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice

			en received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/28/2010	Winterset Shopper P.O. Box 28 Winterset, IA 50273	Advertising*	230.55
5/28	Winterset Madisonian P.O. Box 28 Winterset, IA 50273	Advertising*	282.90
5/27	Earlham Advocate Box 327 Earlham, IA 50072	Advertising*	270.00
*Note:	These Advertising figures are estimated.		
		SUB-TOTAL	\$
	TOTAL DEBTS OWED BY COMMITTEE AT	THE END OF THIS REPORTING PERIOD	\$ 783.45

*If actual figure is unknown, show "estimated" beside the figure.

 ${\tt _of}$ (for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

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COMMITTEE NAME (Must be same as on Statement of Organization) Garrett for Statehouse Committe	(F
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NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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SCHEDULE	
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(Rev. 08/98)	INDEBTEDNESS
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DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice

DATE		has be	en received.
INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5/28/2010	Winterset Shopper P.O. Box 28 Winterset, IA 50273	Advertising*	230.55
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*Note:	These Advertising figures are estimated.		
	TOTAL DEBTS OWED BY COMMITTEE AT	SUB-TOTAL	
	TOTAL DEDIGONED BY COMMITTEE AT	THE END OF THIS KEPOKTING PERIOD	\$ 783.45

*If actual figure is unknown, show "estimated" beside the figure.

of I (for Schedule D)

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MARITTEE ALATES		RESET	SCHEDULE
	t be same as on Statement of Organization)		F LOANS
arrett for Statehouse	Committee		(Rev. 02/08) RECEIVE & REPAIL
	orts money loaned to the committee which is deposited in	the committee account.	CHECK THIS BOX
TAL UNPAID LOANS	FROM <u>LAST</u> REPORTING PERIOD \$ 9,000.00		AMERING FORM
RT I - MONETARY LO (Original source	OANS RECEIVED <u>THIS</u> REPORTING PERIOD of loan, such as a bank, must be shown if a third party is	involved. Include loans from candida	ate's personal funds.)
DATE	NAME AND ADDRESS OF LENDER		
RECEIVED (MM/DD/YR)	(Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$
RT II - MONETARY L	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD	TOTAL (PART I)	\$
RT II - MONETARY L (Loans forgiven	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD must be reported on Schedule E — In-kind Contributions.		\$
(Loans forgiven	OAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD must be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		\$
(Loans forgiven	must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	
(Loans forgiven	must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contributions. NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiven	nust be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
(Loans forgiven	nust be reported on Schedule E In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable) REPAYMENTS (PART II) AL LOANS FORGIVEN	AMOUNT REPAID
DATE PAID (MM/DD/YR) Sclosure law requires cking a contribution to to	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL CASH	RELATIONSHIP TO CANDIDATE* (If Applicable) REPAYMENTS (PART III) AL LOANS FORGIVEN ND OF REPORT PERIOD	AMOUNT REPAID \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$